

Membership Dues Bank Form



Kalamazoo Islamic Center

P.O.BOX 50166 Kalamazoo, MI 49005-0166

First name:

Middle Name:

Last name:

Phone number:

E-mail:

	Monthly Pledge (Preferred)	If monthly pledge not selected
Voting Member/Resident Individual	\$ 25/Month	\$ 150/Year
Families	\$ 30/Month	\$ 250/Year
Student Member	\$ 25/Year	

Automatic Deduction Authorization from Bank

I authorize Kalamazoo Islamic Center to initiate electronic fund transfer from my account listed below to the account of Kalamazoo Islamic Center in the following amount of:

\$ _____ per month

Bank Name

Routing Number

Account Number

Signature (type name to e-sign)

Date

Please email this form to treasurerkic@gmail.com. Or you can print it and drop it in the KIC Donation box.